

## EDS - HCFA1500 HEADER LAYOUT

MEDSTAT FIELD	FIELD SIZE	FORMAT	TABLE NAME	FIELD	DESCRIPTION	NOTES
Claim Number	13	Char	T_PD_PHYS_HDR	NUM_ICN	Claim ICN	
Number of Detail Lines	5	Numeric	T_PD_PHYS_HDR	NUM_DTL_TOTAL	Total number of details on the claim.	
Claim Status	1	Char	T_PD_PHYS_HDR	CDE_CLM_STATUS	Indicates current status of claim. I.E. P = Paid, D = Denied, J = Rejected, Q = Quality Review Pending, R = Resubmitted.	Use only HDR claim status = P
Claim Type	1	Char	T_PD_PHYS_HDR	CDE_CLM_TYPE	Code that specifies the type of claim.	M or B
Service Location	1	Char	T_PD_PHYS_HDR	CDE_SERVICE_LOC	Code indicating the site at which the services were provided.	
Third Party Liab	12 (9,2)	Amount	T_PD_PHYS_HDR	TPL_AMT	Amount paid by third party for services.	Recip spenddown rolled into TPL
Date Billed	8	Date	T_PD_PHYS_HDR	DATE_BILLED	Date provider submitted the claim.	
Total Charge Submitted	12 (9,2)	Amount	T_PD_PHYS_HDR	AMT_BILLED	Sum of the billed amounts for all details on the claim.	
Total Copay Amount	11 (8,2)	Amount	T_PD_PHYS_HDR	AMT_CO_PAY	Sum of the co-pay amounts on all details on the claim	Exists on Transportation
Net Payment	14 (11,2)	Amount	T_PD_PHYS_HDR	AMT_TOT_REIMB	Amt paid to provider for services rendered	
Date First Service	8	Date	T_PD_PHYS_HDR	DTE_FIRST_SVC	Date on which service was first provided (oldest date of all details)	
Date Last Service	8	Date	T_PD_PHYS_HDR	DTE_LAST_SVC	Date on which service was last provided (latest date of all details)	
Accident Indicator	1	Char	T_PD_PHYS_HDR	IND_ACCIDENT	Indicates whether the service performed was as a result of an accident.	
Referring Provider ID	9	Char	T_PHYS_HDR_KEY	ID_PROV_REFER	The ID (if available) of the provider who referred the recipient to the billing provider for services.	Not required.
Certification Code	2	Char	T_PD_PHYS_HDR	CDE_CERTIFICATE	Certification code that belongs to the primary medical provider (PMP)	Begins either 7/94 or 2/95 or 1/96
Place of Service	2	Char	T_PD_PHYS_HDR	CDE_POS	Place of service for the claim.	<b>Added for HIPAA (09-2003).</b>
Filler	14	Char	n/a	n/a	n/a	
Date Paid	8	Date	T_HIST_DIRECTORY	DATE_PAID	Cycle date the check or EFT was created	
Payment Medicare	12 (9,2)	Amount	T_FINAL_PHYS_XOVER	AMT_PAID_MCARE	Amount paid by Medicare for the service provided	
Amount Coinsurance	12 (9,2)	Amount	T_FINAL_PHYS_XOVER	AMT_COINSURANCE	Amount due from Medicaid for a coinsurance charged by Medicare normally paid by recipient	
Amount Deductible	12 (9,2)	Amount	T_FINAL_PHYS_XOVER	AMT_DEDUCT	Amount due from Medicaid for a deductible charged by Medicare normally paid by recipient.	
Filler	15	Char	n/a	n/a	n/a	n/a
Billing Provider	9	Char	T_PR_PROV	ID_PROVIDER	Billing Provider ID	
Recipient ID	12	Char	T_RE_BASE	ID_MEDICAID	ID that uniquely identifies a recipient	
Carriage Return	1	Hex	n/a	n/a	1 byte for return at the end of line	

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